

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7023

State File No.

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 3069 | | Registrar's No. 652 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HTS. | | c. LENGTH OF STAY (in this place) ? | | c. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HTS. 4485 | | d. STREET ADDRESS (If rural, give location) 7161 West Park Av | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 7161 West Park Av | | | | | | | |
| 3. NAME OF DECEASED a. (First) MATTHEW | | b. (Middle) G. | | c. (Last) MASSON | | 4. DATE OF DEATH (Month) (Day) (Year) MARCH-12-1950 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH FEB-14-1883 | |
| 9. AGE (In years last birthday) 67 YRS | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAIL ROAD | | 10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD | | 11. BIRTHPLACE (State or foreign country) MO. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME W.M.J. MASSON | | 13b. MOTHER'S MAIDEN NAME MARGARET | | 14. NAME OF HUSBAND OR WIFE NELLIE V. MASSON | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Nellie V. Masson 7161 West Park. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease ANTECEDENT CAUSES DUE TO (b) Carido Vascular Disease with Hypertension. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION 4/20/50 | | | | 19b. MAJOR FINDINGS OF OPERATION 420.1 | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 3/12/38 , 19____, to 3/12/50 , 19____, that I last saw the deceased alive on 3/11/50 , 19____, and that death occurred at 10:10 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE [Signature] | | | | 23b. ADDRESS 634 North Grand | | 23c. DATE SIGNED 3/13/50 | |
| 24a. BURIAL, CREMATION, REMAINS (Specify) BURIED | | 24b. DATE MARCH-15-50 | | 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM. | | 24d. LOCATION (City, town, or county) (State) St. Louis MO | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 13 1950 | | FURNERAL DIRECTOR'S SIGNATURE E. J. Schum | | ADDRESS 3125 Lafayette Av. | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 12 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.